

EXHIBIT B

RICHARD T. BISSEN, JR.
Mayor

VICTORIA J. TAKAYESU
Corporation Counsel

MIMI DESJARDINS
First Deputy

LYDIA A. TODA
Risk Management Officer



DEPARTMENT OF THE CORPORATION COUNSEL
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TRANSMITTAL

June 3, 2024

TO: United States District Court
District of Hawaii
300 Ala Moana Blvd, C-338
Honolulu, HI 96850

FROM: Mariana Löwy-Gerstmar, Deputy Corporation Counsel

RE: County of Maui, Department of Environmental Management vs.
Komar Maui Properties I LLC; CV 24-00203 MWJS-KJM

ITEM	DATE	DESCRIPTION
Check	5/9/2024	Estimated just compensation (check no. 01421765)

() For Filing and Return

() For Certification

() For your information & files

() Attached as requested

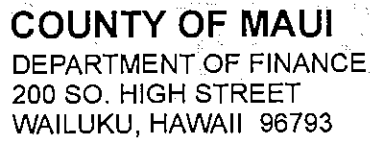
() Per our *Email*

(X) For necessary action

Remarks: Estimated just compensation amount for the taking of real property described in complaint.

Feel free to call me if you have any questions at 808-270-7741. Thank you.

Enclosure


$$\frac{59-102}{1213}$$

Check Date 05/09/24

VOID AFTER 6 MONTHS FROM DATE OF ISSUE

CLERK UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII
300 ALA MOANA BLVD, RM C-338
P O BOX 50129
HONOLULU, HI 96850

TREASURER

110142176511 11213010281 00601103782511

COUNTY OF MAUI

CHECK NO.
01421765

DEPARTMENT OF THE CORPORATION COUNSEL
COUNTY OF MAUI
200 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793

Clerk, United States District Court
District of Hawaii
300 Ala Moana Blvd., Room C-338
Honolulu, HI 96850

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>Clerk of the United States District Court 300 Ala Moana, C-338 Honolulu, HI 96850</i>		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number (Transfer from service label) 7007 0710 0001 1585 1773		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery		4. Signature Confirmation™ <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	
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Postage \$		Certified Fee \$	
Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$		Total Postage & Fees \$	
7007 0710 0001 1585 1773		7007 0710 0001 1585 1773	
PLACE STICKER AT TOP OF FRONT OF MAILPIECE TO THE RIGHT OF THE RETURN ADDRESS FIELD IN POSTAGE AND FEE BOX			
Sent to <i>USDC, Clerk</i> Return Receipt No. <i>7007 0710 0001 1585 1773</i> or FCI Box No. <i>300 Ala Moana Blvd C-338</i> City, State, ZIP+4® <i>Honolulu, HI 96850</i>			